

**STANDARD CERTIFICATE OF DEATH**

9218

State File No. ....  
Registrar's No. 87

FILED APR 6 1953

BIRTH NO. 12974 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

No. 300  
243  
264

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo. 0264</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>605 Virginia</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Diane</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Kauffman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 29, 1953</u>	9. AGE (in years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clarence Kauffman</u>	13b. MOTHER'S MAIDEN NAME <u>Estelle Bode</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Kauffman</u>	ADDRESS <u>J. C. Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). <u>Prematurity 26 wks.</u>		<u>2 1/2 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature separation placenta 3 wks.</u> DUE TO (c) <u>Prolapsed cord.</u>		<u>1 hr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/29, 1953, to 3/30, 1953, that I last saw the deceased alive on 3/29, 1953, and that death occurred at L. A. Mo. from the causes and on the date stated above.

23a. SIGNATURE <u>N. Kamigawa M.D.</u> (Degree or title)	23b. ADDRESS <u>1 Duellmeyer Bldg.</u>	23c. DATE SIGNED <u>3/30/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 31-1953</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis M.D. M.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Deek</u>	ADDRESS <u>J. C. Mo</u>
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Sybilster D. Dyer*

Licensed Embalmer No. *4321*

P. O. Address

*Jefferson City Mo*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.